

Millville Public Schools

Sports Physical Form

2016-2017



****PLEASE NOTE****

*The Pre-Participation Physical Evaluation may **ONLY** be completed by a licensed physician, advanced practice nurse (APN) or physician assistant (PA) that has completed the Student-Athlete Cardiac Assessment professional development module.*

It is recommended that you verify that your medical provider has completed this module before scheduling an appointment for a PPE.

David T. LaGamba
Athletic Director
Supervisor of Health/PE, Grades K-12
Millville Public Schools
856-327-6059, prompt #4

Millville Senior High School
200 Wade Boulevard
Millville, NJ 08332

Memorial High School
504 East Broad Street
Millville, NJ 08332

Lakeside Middle School
2 North Sharp Street
Millville, NJ 08332
Marty Kavanagh/Rob Williams
Middle School Athletic Coordinator

Frequently Asked Questions About Sports Physicals

What is a “Sports Physical”? A “Sports Physical” is actually an Athletic Pre-Participation Evaluation which is mandated by the New Jersey Department of Education. It is required for all students in grades 6 – 12 who want to participate in athletics and some competitive clubs. A physician, advanced practice nurse or physician’s assistant must examine the student and review the health history to determine whether or not the student may participate in sports with (or without) limitations. The Athletic Pre-Participation Evaluation will then be sent to the School Physician. He/she will provide written notification to the parent stating approval or disapproval of the student’s participation in athletics based upon the medical report (This process can take up to 10 days).

Where do I get the Sports Physical Form? A form is included in this packet. Additional packets are available in the Main Office at your child’s school.

Who completes the Sports Physical Form? The form consists of 4 pages. The first page is a health history that must be completed and signed by the student’s parent/guardian. The second page is **ONLY** completed for student-athletes with special needs. The remaining 2 pages must be completed by a physician, advance practice nurse or physician’s assistant.

How long is a Sports Physical good for? A Sports Physical is good for 365 days from the date of medical examination. **If the examination is completed more than ninety (90) days prior to the first practice session, the student is required to complete a Health History Update Questionnaire.** This form is available at the student’s school and must be completed/signed by the parent/guardian. The Health History Update Questionnaire does not need to be signed by your healthcare provider.

Once my child’s Sports Physical Form is completed, what’s next? Completed Sports Physical Forms should be given to the **SCHOOL NURSE** at your child’s school. Do not give the form to your child’s coach, homeroom teacher or any other person in the school. The school nurse will review the form for completeness. Incomplete forms will be returned to the student. Completed forms are forwarded to the School Physician as described above.

What should I do if my child has asthma, a significant allergy or some other health issue requiring the use of medication? In the event that the student has asthma, an allergy that requires the use of medication or other health condition requiring intervention, the student must provide a written order from his/her healthcare provider for the management of this condition. The Sports Physical Form will **not** be forwarded to the School Physician until all documentation is provided to the school nurse.

How will I know when my child is medically cleared to participate in a sport/activity? The school nurse will send a letter home indicating the School Physician’s determination.

How will I know when my child is academically cleared to participate in a sport/activity? (High School students only). The Athletic Director is responsible for clearing students academically. Please have your child check with his/her coach to see if he/she is academically cleared to participate.

PLEASE KEEP THIS PAGE FOR FUTURE REFERENCE

Illnesses/Injuries During the Sport/Activity Season

If a student is injured during a game/practice:

1. The student must notify his/her coach or activity advisor **immediately** when an injury occurs during a game or at practice. The coach/advisor will assist the student in receiving medical evaluation/care. The student may receive care from the Athletic Trainer, be referred to his/her own health care provider or in emergency situations, the emergency department. Students injured during school sponsored activities are covered by a secondary insurance purchased by the Millville Board of Education. The School Nurse or Athletic Trainer can give you more information about this insurance.
2. In the event that a student discovers he/she is injured **after** a game/practice, the student must notify his/her coach, Athletic Trainer, and school nurse as soon as possible. If the coach is not available, notify the Athletic Director (High School students) or the Athletic Coordinator (Lakeside Students) and the School Nurse.
3. When the student returns to school following the injury, he/she should report immediately to the School Nurse. All paperwork given to the student from his/her healthcare provider or emergency department should also be given to the nurse. The nurse will review the instructions given to the student and implement any necessary accommodations. The nurse will share this information with the Athletic Trainer who may coordinate additional care.
4. **The student may not resume sports/activities until medically cleared in writing by his/her healthcare provider.** This information must be provided to both the School Nurse and Athletic Trainer. This information will then be forwarded to the appropriate coach.
5. Students may not attend school on crutches without a written doctor's order or an order from the emergency department.
6. **Students are reminded NOT to give doctor's notes directly to their coaches.**

Illnesses:

1. All illnesses requiring a visit to your healthcare provider should be reported to the School Nurse.
2. Doctor's notes relating to the illness should be provided to the School Nurse who will notify the student's coach and the Athletic Trainer/Athletic Coordinator in the event that the student must be excluded from participation due to illness.

PLEASE KEEP THIS PAGE FOR FUTURE REFERENCE

Sports/Activities Requiring a Sports Physical

Fall Sports/Activities

Football (SH/Mem)
Soccer – Boys/Girls (SH/Mem/LK)
Fall Cheerleading (SH/Mem)
Cross Country – Boys/Girls (SH/Mem/LK)
Tennis – Girls (SH/Mem)
Field Hockey – Girls (SH/Mem/LK)
Weight Training – Boys/Girls (SH/Mem/LK)
Intramurals – Boys/Girls (LK)
Winter Cheerleading Tryouts – Boys/Girls (SH/Mem)

Winter Sports/Activities

Wrestling (SH/Mem/LK)
Winter Track (SH/Mem)
Basketball – Boys/Girls (SH/Mem/LK)
Winter Cheerleading (SH/Mem)
Swimming- Boys/Girls (SH/Mem)
Step Team (SH/Mem)
Weight Training – Boys/Girls (SH/Mem/LK)
Ultimate Frisbee – Boys/Girls (SH)
Intramurals – Boys/Girls (LK)

Spring Sports/Activities

Softball – Girls (SH)
Softball – Girls/Boys (LK)
Baseball – Boys (SH/Mem)
Lacrosse – Girls (SH/Mem)
Tennis – Boys (SH/Mem)
Track – Boys/Girls (SH/Mem/LK)
Golf – Boys/Girls (SH/Mem)
Weight Training – Boys/Girls (SH/Mem/LK)
Fall Cheerleading Tryouts – Boys/Girls (SH/Mem/LK)
Intramurals – Boys/Girls (LK)

SH = Senior High School
Mem = Memorial High School
LK = Lakeside Middle School

Important Dates:

Fall Sports/Activities: Sports Physical and/or Health History Update Form due: July 27, 2016

Winter Sports/Activities: Sports Physical and/or Health History Update Form due: November 14, 2016

Spring Sports/Activities: Sports Physical and/or Health History Update Form due: February 17, 2017

****If the evaluation is completed more than ninety (90) days prior to the first practice session, the student is required to complete a Health History Update Form ****

PLEASE KEEP THIS PAGE FOR FUTURE REFERENCE

Millville Public Schools Interscholastic/Intramural/Club

PLEASE PRINT CLEARLY:

Name: _____

Student ID#: _____

Date of Birth: _____

Grade (2016-2017 School Year): _____

Sex: M F

Reminder:

All pages that pertain to your child (from this page forward) **MUST** be completed in their entirety for this physical to be considered complete. If anything is left blank (including but not limited to signatures, dates, etc.) the packet will be returned to the athlete and may cause a delay in physical clearance.

Asthma and Allergy Action Plans must be completed and signed by the treating healthcare provider if this applies to the student athlete.

FOR OFFICE USE ONLY:

SPORTS PHYSICAL DATE: _____

HEALTH HISTORY UPDATE FORM DATE: _____

SPORT(S): _____

IMPACT DATE: _____

MILLVILLE SENIOR HIGH SCHOOL

INTERSCHOLASTIC ATHLETIC CONTRACT/AGREEMENT

The following contract has been established to provide communication between the coach, the athlete and the family. The intent of the contract is to try to prevent any misunderstanding about rules and regulations. We ask that both athlete and parent/guardian sign this agreement indicating they have read and will abide by the contract. Participation in interscholastic athletics is a privilege and not a right. Because it is a privilege to represent a school in athletics, it follows logically the school or coach must have the authority to revoke the privilege when the athlete does not conduct himself/herself in an acceptable manner. Not only does this responsibility exist while he/she is participating, but good conduct shall be required of him/her at all times and most certainly while he/she is at school. Athletes are expected to follow the rules of conduct of the district at all times. The athletic program is an extension of the classroom. These will be reviewed by the coaches and will be the athlete's first warning for improper behavior. The coach will maintain communication with parents/guardians at all times should an athlete violate the discipline policy.

RULES OF CONDUCT

1. I will ALWAYS put the TEAM first above my own individual success, and I will respect my coaches' decisions.
2. I will work hard to improve my abilities through weight training conditioning in the off-season and each day in practice.
3. I believe it is a privilege to be an athlete and represent my school in and out of season, as the athletes and coaches before me.
4. I realize that I am more visible than other students. I will avoid parties and other situations that will not allow me to follow the tenets of this contract.
5. I will respect my parents/guardians and coaches by following all team curfews during the season.
6. I will go to practice or the weight room, with a great attitude to "work hard" and "get better" each day.
7. I will do my best at all times as a student and as a law abiding citizen.
8. I will try my best in the classroom always respecting my teachers and having successful academic accomplishments as my foremost high school goals.
9. I recognize my responsibilities if I try out for a sport. I will make it a point to so govern myself that my association with this sport will bring honor to it and the school. I expect to be asked to withdraw from the team in case I do not. I understand the major training rules and regulations that provide the structure needed to best accomplish these purposes. They include, but are not limited to:
 - A. NO TOBACCO USE
 - B. NO ALCOHOLIC BEVERAGE USE
 - C. NO UNAUTHORIZED DRUG CHEMICAL USE
 - D. NO POLICE FILED CHARGES
10. I will adhere to all rules and regulations that are set forth in the Millville Athletic Discipline Policy.

All rules, including rules pertaining to drug chemical use, tobacco, alcohol, and police filed charges, will be applied for one year from the date of the signed contract, or until the student athlete graduates, whichever comes first. (It is not in violation for a student to be in possession of a legally defined drug which is specifically prescribed by the student's personal doctor for the student's own use.)

If a student athlete is found to be in violation of any of the above stated infractions, the head coach will investigate and give due process. If the student athlete is found to be in violation, upon completion of the due process procedure, the coach will discipline or dismiss the student athlete from the squad. If the offense is part of cumulative history, beginning with and throughout the student's participation on a varsity, junior varsity, or freshman team, the athlete may be dismissed from the team. As part of the school discipline procedure, the student athlete must forfeit participation in interscholastic competition (scrimmages are excluded), as directed by the suspension guide. No exception is permitted for a student who becomes a participant in a treatment program. The suspension will commence immediately upon the completion of due process and the determination of the offense by the school administration. The suspension will be applied to the current season, or if out of season, during the next sport that the student participates in. If a student fails to complete a season in which the suspension was applied, the suspension will be applied to the next sport the student athlete goes out for, and so on. In addition, for infractions of 9 A, B, C, D, listed above, the student athlete will be referred to the I. & R. S. Team who will arrive at a recommendation. This recommendation for the student athlete must be followed. Failing to accept and carry out the I. & R. S. Team's recommendation will result in the student athlete not being eligible for team participation in any manner. Also, failing to meet a mandatory parent conference will result in the student athlete not being eligible for team participation in any manner.

After confirmation of a second violation, the student athlete will lose eligibility for interscholastic competition, as per the guide, in increasing increments. No exception is permitted for a student who becomes a participant in a treatment program. Referral will again be made to the I. & R. S. Team and the student athlete's reinstatement will be based on the recommendations and evaluations of the I. & R. S. Team, coach, and administration. If the offense occurs with less games in the season than the penalty, the penalty will carry over to the next, or subsequent season. In addition, penalties may include forfeiture of post-season games, honors, awards, and letters. After a third violation, the student athlete on personal violation, if not dismissed, may be certified for reinstatement for sports activities after a minimum period of six weeks.

1. The students' parents/guardians shall be given a written notice immediately of a violation of the discipline policy.
2. If a student is dropped from a sport, a letter will be forwarded to the athlete, parent/guardian, principal and athletic director.
3. The coach or advisor will review all aspects of the contract with their team prior to the beginning of the season. This will serve as their first warning that these rules will be strictly enforced.
4. When the student is in danger of violating the attendance requirement, he/she will be given a verbal warning, a letter from the coach, and documented on the attendance record.

A Suspension Guide will be invoked in the event of violation of the contract.

I fully agree to abide by the terms of this contract and if I have any problems at any time with these rules I will discuss them with my coaches or a counselor.

I/We give our permission for _____
(Please Print Athletes Name)

to participate in organized high school athletics, realizing that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with the best coaching and use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so serious as to result in total disability, paralysis, or even death. I/We acknowledge that I/We have read and understand this warning. I/We also give permission for information on the physical examination form on our son/daughter to be shared with the following people: coach, trainer, nurse, and administration.

(Signature of Student/Athlete)

(Sport)

(Signature of Parent/Guardian)

THESE SIGNATURES INDICATE ACCEPTANCE OF THE CONTRACT _____

(DATE)

SPORTS-RELATED EYE INJURIES:

AN EDUCATIONAL FACT SHEET FOR PARENTS



Participating in sports and recreational activities is an important part of a healthy, physically active lifestyle for children. Unfortunately, injuries can, and do, occur. Children are at particular risk for sustaining a sports-related eye injury and most of these injuries can be prevented. Every year, more than 30,000 children sustain serious sports-related eye injuries. Every 13 minutes, an emergency room in the United States treats a sports-related eye injury.¹ According to the National Eye Institute, the sports with the highest rate of eye injuries are: baseball/softball, ice hockey, racquet sports, and basketball, followed by fencing, lacrosse, paintball and boxing.

Thankfully, there are steps that parents can take to ensure their children's safety on the field, the court, or wherever they play or participate in sports and recreational activities.

Prevention of Sports-Related Eye Injuries

Approximately 90% of sports-related eye injuries can be prevented with simple precautions, such as using protective eyewear.² **Each sport has a certain type of recommended protective eyewear, as determined by the American Society for Testing and Materials (ASTM). Protective eyewear should sit comfortably on the face. Poorly fitted equipment may be uncomfortable, and may not offer the best eye protection. Protective eyewear for sports includes, among other things, safety goggles and eye guards, and it should be made of polycarbonate lenses, a strong, shatterproof plastic. Polycarbonate lenses are much stronger than regular lenses.**³

Health care providers (HCP), including family physicians, ophthalmologists, optometrists, and others, play a critical role in advising students, parents and guardians about the proper use of protective eyewear. To find out what kind of eye protection is recommended, and permitted for your child's sport, visit the National Eye Institute at <http://www.nei.nih.gov/sports/findingprotection.asp>. Prevent Blindness America also offers tips for choosing and buying protective eyewear at <http://www.preventblindness.org/tips-buying-sports-eye-protectors>, and <http://www.preventblindness.org/recommended-sports-eye-protectors>.

It is recommended that all children participating in school sports or recreational sports wear protective eyewear. Parents and coaches need to make sure young athletes protect their eyes, and properly gear up for the game. Protective eyewear should be part of any uniform to help reduce the occurrence of sports-related eye injuries. Since many youth teams do not require eye protection, parents may need to ensure that their children wear safety glasses or goggles whenever they play sports. Parents can set a good example by wearing protective eyewear when they play sports.

¹ National Eye Institute, National Eye Health Education Program, Sports-Related Eye Injuries: What You Need to Know and Tips for Prevention, www.nei.nih.gov/sports/pdf/sportsrelatedeyeinjuries.pdf, December 26, 2013.

² Rodriguez, Jorge O., D.O., and Lavina, Adrian M., M.D., Prevention and Treatment of Common Eye Injuries in Sports, <http://www.aafp.org/afp/2003/0401/p1481.html>, September 4, 2014; National Eye Health Education Program, Sports-Related Eye Injuries: What You Need to Know and Tips for Prevention, www.nei.nih.gov/sports/pdf/sportsrelatedeyeinjuries.pdf, December 26, 2013.

³ Bedinghaus, Troy, O.D., Sports Eye Injuries, http://vision.about.com/od/emergencyeyecare/a/Sports_Injuries.htm, December 27, 2013.

Most Common Types of Eye Injuries



The most common types of eye injuries that can result from sports injuries are blunt injuries, corneal abrasions and penetrating injuries.

♦ **Blunt injuries:** Blunt injuries occur when the eye is suddenly compressed by impact from an object. Blunt injuries, often caused by tennis balls, racquets, fists or elbows, sometimes cause a black eye or hyphema (bleeding in front of the eye). More serious blunt injuries often break bones near the eye, and may sometimes seriously damage important eye structures and/or lead to vision loss.

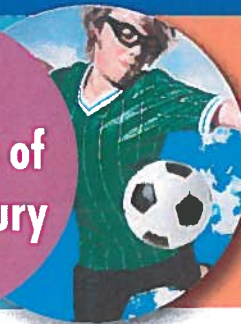
♦ **Corneal abrasions:** Corneal abrasions are painful scrapes on the outside of the eye, or the cornea. Most corneal abrasions eventually heal on their

own, but a doctor can best assess the extent of the abrasion, and may prescribe medication to help control the pain. The most common cause of a sports-related corneal abrasion is being poked in the eye by a finger.

♦ **Penetrating injuries:** Penetrating injuries are caused by a foreign object piercing the eye. Penetrating injuries are very serious, and often result in severe damage to the eye. These injuries often occur when eyeglasses break while they are being worn. Penetrating injuries must be treated quickly in order to preserve vision.⁴

- Pain when looking up and/or down, or difficulty seeing;
- Tenderness;
- Sunken eye;
- Double vision;
- Severe eyelid and facial swelling;
- Difficulty tracking;

Signs or Symptoms of an Eye Injury



- The eye has an unusual pupil size or shape;
- Blood in the clear part of the eye;
- Numbness of the upper cheek and gum; and/or
- Severe redness around the white part of the eye.

What to do if a Sports-Related Eye Injury Occurs



If a child sustains an eye injury, it is recommended that he/she receive immediate treatment from a licensed HCP (e.g., eye doctor) to reduce the risk of serious damage, including blindness. It is also recommended that the child, along with his/her parent or guardian, seek guidance from the HCP regarding the appropriate amount of time to wait before returning to sports competition or practice after sustaining an eye injury. The school nurse and the child's teachers should also be notified when a child sustains an eye injury. A parent or guardian should also provide the school nurse with a physician's note detailing the nature of the eye injury, any diagnosis, medical orders for

the return to school, as well as any prescription(s) and/or treatment(s) necessary to promote healing, and the safe resumption of normal activities, including sports and recreational activities.

Return to Play and Sports

According to the American Family Physician Journal, there are several guidelines that should be followed when students return to play after sustaining an eye injury. For

example, students who have sustained significant ocular injury should receive a full examination and clearance by an ophthalmologist or optometrist. In addition, students should not return to play until the period of time recommended by their HCP has elapsed. For more minor eye injuries, the athletic trainer may determine that

it is safe for a student to resume play based on the nature of the injury, and how the student feels. No matter what degree of eye injury is sustained, it is recommended that

students wear protective eyewear when returning to play and immediately report any concerns with their vision to their coach and/or the athletic trainer.



Additional information on eye safety can be found at <http://isee.nei.nih.gov> and <http://www.nei.nih.gov/sports>.

⁴Bedinghaus, Troy, O.D., Sports Eye Injuries, http://vision.about.com/od/emergencyeyecare/a/Sports_Injuries.htm, December 27, 2013.

Website Resources

- Sudden Death in Athletes
<http://tinyurl.com/m2gjmva>
- Hypertrophic Cardiomyopathy Association
www.4hcm.org
- American Heart Association www.heart.org

Collaborating Agencies:

American Academy of Pediatrics

New Jersey Chapter

3836 Quakerbridge Road, Suite 108
Hamilton, NJ 08619
(p) 609-842-0014
(f) 609-842-0015
www.aapnj.org

American Heart Association

1 Union Street, Suite 301
Robbinsville, NJ, 08691
(p) 609-208-0020
www.heart.org

New Jersey Department of Education

PO Box 500
Trenton, NJ 08625-0500
(p) 609-292-5935
www.state.nj.us/education/

New Jersey Department of Health

P. O. Box 360
Trenton, NJ 08625-0360
(p) 609-292-7837
www.state.nj.us/health

Lead Author: American Academy of Pediatrics,

New Jersey Chapter

Written by: Initial draft by Sushma Raman Hebbar, MD & Stephen G. Rice, MD PhD

Additional Reviewers: NJ Department of Education, NJ Department of Health and Senior Services, American Heart Association/New Jersey Chapter, NJ Academy of Family Practice, Pediatric Cardiologists, New Jersey State School Nurses

Revised 2014: Nancy Curry, EdM;

Christene DeWitt-Parker, MSN, CSN, RN;

Lakota Kruse, MD, MPH; Susan Martz, EdM;

Stephen G. Rice, MD; Jeffrey Rosenberg, MD;

Louis Teichholz, MD; Perry Weinstock, MD

SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

The Basic Facts on Sudden Cardiac Death in Young Athletes



STATE OF NEW JERSEY
DEPARTMENT OF EDUCATION

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

American Heart Association
Learn and Live



SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

Sudden death in young athletes between the ages of 10 and 19 is very rare. What, if anything, can be done to prevent this kind of tragedy?



What is sudden cardiac death in the young athlete?

Sudden cardiac death is the result of an unexpected failure of proper heart function, usually (about 60% of the time) during or immediately after exercise without trauma. Since the heart stops pumping adequately, the athlete quickly collapses, loses consciousness, and ultimately dies unless normal heart rhythm is restored using an automated external defibrillator (AED).

How common is sudden death in young athletes?

Sudden cardiac death in young athletes is very rare. About 100 such deaths are reported in the United States per year. The chance of sudden death occurring to any individual high school athlete is about one in 200,000 per year.

Sudden cardiac death is more common: in males than in females; in football and basketball than in other sports; and in African-Americans than in other races and ethnic groups.

What are the most common causes?

Research suggests that the main cause is a loss of proper heart rhythm, causing the heart to quiver instead of pumping blood to the brain and body. This is called ventricular fibrillation (ven-TRICK-you-lar fib-roo-LAY-shun). The problem is usually caused by one of several cardiovascular abnormalities and electrical diseases of the heart that go unnoticed in healthy-appearing athletes.

The most common cause of sudden death in an athlete is hypertrophic cardiomyopathy (hi-per-TRO-fic CAR-dee-oh-my-OP-a-thee) also called HCM. HCM is a disease of the heart, with abnormal thickening of the heart muscle, which can cause serious heart rhythm problems and blockages to blood flow. This genetic disease runs in families and usually develops gradually over many years.

The second most likely cause is congenital (con-JEN-it-al) (i.e., present from birth) abnormalities of the coronary

arteries. This means that these blood vessels are connected to the main blood vessel of the heart in an abnormal way. This differs from blockages that may occur when people get older (commonly called "coronary artery disease," which may lead to a heart attack).



SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

Other diseases of the heart that can lead to sudden death in young people include:

- Myocarditis (my-oh-car-DIE-tis), an acute inflammation of the heart muscle (usually due to a virus).
- Dilated cardiomyopathy, an enlargement of the heart for unknown reasons.
- Long QT syndrome and other electrical abnormalities of the heart which cause abnormal fast heart rhythms that can also run in families.
- Marfan syndrome, an inherited disorder that affects heart valves, walls of major arteries, eyes and the skeleton. It is generally seen in unusually tall athletes, especially if being tall is not common in other family members.

Are there warning signs to watch for?

In more than a third of these sudden cardiac deaths, there were warning signs that were not reported or taken seriously. Warning signs are:

- Fainting, a seizure or convulsions during physical activity;
- Fainting or a seizure from emotional excitement, emotional distress or being startled;
- Dizziness or lightheadedness, especially during exertion;
- Chest pains, at rest or during exertion;
- Palpitations - awareness of the heart beating unusually (skipping, irregular or extra beats) during athletics or during cool down periods after athletic participation;
- Fatigue or tiring more quickly than peers; or
- Being unable to keep up with friends due to shortness of breath (labored breathing).

What are the current recommendations for screening young athletes?

New Jersey requires all school athletes to be examined by their primary care physician ("medical home") or school physician at least once per year. The New Jersey Department of Education requires use of the specific Participation Physical Examination Form (PPE).

This process begins with the parents and student-athletes answering questions about symptoms during exercise (such as chest pain, dizziness, fainting, palpitations or shortness of breath); and questions about family health history.

The primary healthcare provider needs to know if any family member died suddenly during physical activity or during a seizure. They also need to know if anyone in the family under the age of 50 had an unexplained sudden death such as drowning or car accidents. This information must be provided annually for each exam because it is so essential to identify those at risk for sudden cardiac death.

The required physical exam includes measurement of blood pressure and a careful listening examination of the heart, especially for murmurs and rhythm abnormalities. If there are no warning signs reported on the health history and no abnormalities discovered on exam, no further evaluation or testing is recommended.

Are there options privately available to screen for cardiac conditions?

Technology-based screening programs including a 12-lead electrocardiogram (ECG) and echocardiogram (ECHO) are noninvasive and painless options parents may consider in addition to the required

PPE. However, these procedures may be expensive and are not currently advised by the American Academy of Pediatrics and the American College of Cardiology unless the PPE reveals an indication for these tests. In addition to the expense, other limitations of technology-based tests include the possibility of "false positives" which leads to unnecessary stress for the student and parent or guardian as well as unnecessary restriction from athletic participation.

The United States Department of Health and Human Services offers risk assessment options under the Surgeon General's Family History Initiative available at <http://www.hhs.gov/familyhistory/index.html>.

When should a student athlete see a heart specialist?

If the primary healthcare provider or school physician has concerns, a referral to a child heart specialist, a pediatric cardiologist, is recommended. This specialist will perform a more thorough evaluation, including an electrocardiogram (ECG), which is a graph of the electrical activity of the heart. An echocardiogram, which is an ultrasound test to allow for direct visualization of the heart structure, will likely also be done. The specialist may also order a treadmill exercise test and a monitor to enable a longer recording of the heart rhythm. None of the testing is invasive or uncomfortable.

Can sudden cardiac death be prevented just through proper screening?

A proper evaluation should find most, but not all, conditions that would cause sudden death in the athlete. This is because some diseases are difficult to uncover and may only develop later in life. Others can develop following a

normal screening evaluation, such as an infection of the heart muscle from a virus.

This is why screening evaluations and a review of the family health history need to be performed on a yearly basis by the athlete's primary healthcare provider. With proper screening and evaluation, most cases can be identified and prevented.

Why have an AED on site during sporting events?

The only effective treatment for ventricular fibrillation is immediate use of an automated external defibrillator (AED). An AED can restore the heart back into a normal rhythm. An AED is also life-saving for ventricular fibrillation caused by a blow to the chest over the heart (commotio cordis).

N.J.S.A. 18A:40-41a through c, known as "Janet's Law," requires that at any school-sponsored athletic event or team practice in New Jersey public and nonpublic schools including any of grades K through 12, the following must be available:

- An AED in an unlocked location on school property within a reasonable proximity to the athletic field or gymnasium; and
- A team coach, licensed athletic trainer, or other designated staff member if there is no coach or licensed athletic trainer present, certified in cardiopulmonary resuscitation (CPR) and the use of the AED; or
- A State-certified emergency services provider or other certified first responder.

The American Academy of Pediatrics recommends the AED should be placed in central location that is accessible and ideally no more than a 1 to 1 1/2 minute walk from any location and that a call is made to activate 911 emergency system while the AED is being retrieved.

State of New Jersey
DEPARTMENT OF EDUCATION

Sudden Cardiac Death Pamphlet
Sign-Off Sheet

Name of School District: _____

Name of Local School: _____

I/We acknowledge that we received and reviewed the Sudden Cardiac Death in Young Athletes pamphlet.

Student Signature: _____

Parent or Guardian
Signature: _____

Date: _____



1161 Route 130, P.O. Box 487, Robbinsville, NJ 08691

609-259-2776 609-259-3047-Fax

NJSIAA STEROID TESTING POLICY

CONSENT TO RANDOM TESTING

In Executive Order 72, issued December 20, 2005, Governor Richard Codey directed the New Jersey Department of Education to work in conjunction with the New Jersey State Interscholastic Athletic Association (NJSIAA) to develop and implement a program of random testing for steroids, of teams and individuals qualifying for championship games.

Beginning in the Fall, 2006 sports season, any student-athlete who possesses, distributes, ingests or otherwise uses any of the banned substances on the attached page, without written prescription by a fully-licensed physician, as recognized by the American Medical Association, to treat a medical condition, violates the NJSIAA's sportsmanship rule, and is subject to NJSIAA penalties, including ineligibility from competition. The NJSIAA will test certain randomly selected individuals and teams that qualify for a state championship tournament or state championship competition for banned substances. The results of all tests shall be considered confidential and shall only be disclosed to the student, his or her parents and his or her school. No student may participate in NJSIAA competition unless the student and the student's parent/guardian consent to random testing.

By signing below, we consent to random testing in accordance with the NJSIAA steroid testing policy. We understand that, if the student or the student's team qualifies for a state championship tournament or state championship competition, the student may be subject to testing for banned substances.

Signature of Student-Athlete

Print Student-Athlete's Name

Date

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date

2015-16 NJSIAA Banned Drugs

IT IS YOUR RESPONSIBILITY TO CHECK WITH THE APPROPRIATE OR DESIGNATED ATHLETICS STAFF BEFORE USING ANY SUBSTANCE

The NJSIAA bans the following classes of drugs:

- Stimulants
- Anabolic Agents
- Alcohol and Beta Blockers
- Diuretics and Other Masking Agents
- Street Drugs
- Peptide Hormones and Analogues
- Anti-estrogens
- Beta-2 Agonists

Note: Any substance chemically related to these classes is also banned.

THE INSTITUTION AND THE STUDENT-ATHLETE SHALL BE HELD ACCOUNTABLE FOR ALL DRUGS WITHIN THE BANNED DRUG CLASS REGARDLESS OF WHETHER THEY HAVE BEEN SPECIFICALLY IDENTIFIED.

Drugs and Procedures Subject to Restrictions

- Blood Doping
- Gene Doping
- Local Anesthetics (under some conditions)
- Manipulation of Urine Samples
- Beta-2 Agonists permitted only by prescription and inhalation

NJSIAA Nutritional/Dietary Supplements Warning

Before consuming any nutritional/dietary supplement product, review the product with the appropriate or designated athletics department staff!

- Dietary supplements, including vitamins and minerals, are not well regulated and may cause a positive drug test result.
- Student-athletes have tested positive and lost their eligibility using dietary supplements.
- Many dietary supplements are contaminated with banned drugs not listed on the label.
- **Any product containing a dietary supplement ingredient is taken at your own risk.**

NOTE TO STUDENT-ATHLETES: THERE IS NO COMPLETE LIST OF BANNED SUBSTANCES. DO NOT RELY ON THIS LIST TO RULE OUT ANY SUPPLEMENT INGREDIENT. CHECK WITH YOUR ATHLETICS DEPARTMENT STAFF PRIOR TO USING A SUPPLEMENT. REMINDER: ANY DIETARY SUPPLEMENT INGREDIENT IS TAKEN AT THE STUDENT'S OWN RISK.

Some Examples of NJSIAA Banned Substances in Each Drug Class
Do NOT RELY ON THIS LIST TO RULE OUT ANY LABEL INGREDIENT.

Stimulants

Amphetamine (Adderall); caffeine (guarana); cocaine; ephedrine; fenfluramine (Fen); methamphetamine; methylphenidate (Ritalin); phentermine (Phen); synephrine (bitter orange); methylhexanamine, "bath salts" (mephedrone); Octopamine; DMBA; etc.

exceptions: phenylephrine and pseudoephedrine are not banned.

Anabolic Agents (sometimes listed as a chemical formula, such as 3,6,17-androstenetrione)

Androstenedione; boldenone; clenbuterol; DHEA (7-Keto); epi-trenbolone; etiocholanolone; methasterone; methandienone; nandrolone; norandrostenedione; ostarine, stanozolol; stenbolone; testosterone; trenbolone; SARMS (ostarine); etc.

Alcohol and Beta Blockers

Alcohol; atenolol; metoprolol; nadolo; pindolol; propranolol; timolol; etc.

Diuretics (water pills) and Other Masking Agents

Bumetanide; chlorothiazide; furosemide; hydrochlorothiazide; probenecid; spironolactone (canrenone); triameterene; trichlormethiazide; etc.

Street Drugs

Heroin; marijuana; tetrahydrocannabinol (THC); synthetic cannabinoids (eg. spice, K2, JWH-018, JWH-073)

Peptide Hormones and Analogues

Growth hormone (hGH); human chorionic gonadotropin (hCG); erythropoietin (EPO); etc.

Anti-Estrogens

Anastrozole; tamoxifen; formestane; ATD, clomiphene; SERMS (nolvadex); etc.

Beta-2 Agonists

Bambuterol; formoterol; salbutamol; salmeterol; higenamine; norcuclaurine; etc.

ANY SUBSTANCE THAT IS CHEMICALLY RELATED TO THE CLASS, EVEN IF IT IS NOT LISTED AS AN EXAMPLE, IS ALSO BANNED! IT IS YOUR RESPONSIBILITY TO CHECK WITH THE APPROPRIATE OR DESIGNATED ATHLETICS STAFF BEFORE USING ANY SUBSTANCE.



Contacts:

Mike Cherenson
973.992-7800, x.104

mcherenson@successcomgroup.com

Kurt Praschak
973.992-7800, x.289

kpraschak@successcomgroup.com

**NJSIAA Requiring All Coaches to Take Free, Online Course on
Minimizing Risk of Heat-Stroke Deaths in High School Athletics**

NFHS offering "A Guide to Heat Acclimatization and Heat Illness Prevention"

ROBBINSVILLE, NJ (August 9, 2012) – To help minimize the risk of heat-related injuries, the [NJSIAA](#) (New Jersey State Interscholastic Athletic Association) is now requiring all coaches to take the [National Federation of State High School Associations'](#) (NFHS) free online course "A Guide to Heat Acclimatization and Heat Illness Prevention."

The course provides critical information designed to minimize the risk of activity-related heat stroke among high school athletes. It is the fourth and latest free course in the [NFHS Coach Education Program](#).

"Heat stroke is the leading cause of preventable deaths in high school athletics," says NJSIAA Executive Director Steven Timko. "With more than 250,000 participants in high schools sports throughout New Jersey, it's imperative all our coaches are informed and aware of the proper precautions to take to keep our athletes safe."

Coaches can access this course online at www.nfhslearn.com. It also is accessible via mobile devices, including iPads and tablets.

About the NJSIAA

Established in 1918, the New Jersey State Interscholastic Athletics Association (NJSIAA) is a voluntary, non-profit organization comprised of 433 accredited public, private, and parochial high schools. A member of the National Federation of State High School Associations, the NJSIAA conducts tournaments and crowns champions in 32 sports. Championship competition for girls is sponsored in basketball, bowling, cross country, fencing, field hockey, golf, gymnastics, lacrosse, soccer, softball, swimming, tennis, outdoor track, winter track, and volleyball. Boys' championships are determined in baseball, basketball, bowling, cross country, fencing, football, golf, ice hockey, lacrosse, soccer, swimming, tennis, outdoor track, winter track, volleyball, and wrestling.

#

Sports-Related Concussion and Head Injury Fact Sheet and Parent/Guardian Acknowledgement Form

A concussion is a brain injury that can be caused by a blow to the head or body that disrupts normal functioning of the brain. Concussions are a type of Traumatic Brain Injury (TBI), which can range from mild to severe and can disrupt the way the brain normally functions. Concussions can cause significant and sustained neuropsychological impairment affecting problem solving, planning, memory, attention, concentration, and behavior.

The Centers for Disease Control and Prevention estimates that 300,000 concussions are sustained during sports related activities nationwide, and more than 62,000 concussions are sustained each year in high school contact sports. Second-impact syndrome occurs when a person sustains a second concussion while still experiencing symptoms of a previous concussion. It can lead to severe impairment and even death of the victim.

Legislation (P.L. 2010, Chapter 94) signed on December 7, 2010, mandated measures to be taken in order to ensure the safety of K-12 student-athletes involved in interscholastic sports in New Jersey. It is imperative that athletes, coaches, and parent/guardians are educated about the nature and treatment of sports related concussions and other head injuries. The legislation states that:

- All Coaches, Athletic Trainers, School Nurses, and School/Team Physicians shall complete an Interscholastic Head Injury Safety Training Program by the 2011-2012 school year.
- All school districts, charter, and non-public schools that participate in interscholastic sports will distribute annually this educational fact to all student athletes and obtain a signed acknowledgement from each parent/guardian and student-athlete.
- Each school district, charter, and non-public school shall develop a written policy describing the prevention and treatment of sports-related concussion and other head injuries sustained by interscholastic student-athletes.
- Any student-athlete who participates in an interscholastic sports program and is suspected of sustaining a concussion will be immediately removed from competition or practice. The student-athlete will not be allowed to return to competition or practice until he/she has written clearance from a physician trained in concussion treatment and has completed his/her district's graduated return-to-play protocol.

Quick Facts

- Most concussions do not involve loss of consciousness
- You can sustain a concussion even if you do not hit your head
- A blow elsewhere on the body can transmit an "impulsive" force to the brain and cause a concussion

Signs of Concussions (Observed by Coach, Athletic Trainer, Parent/Guardian)

- Appears dazed or stunned
- Forgets plays or demonstrates short term memory difficulties (e.g. unsure of game, opponent)
- Exhibits difficulties with balance, coordination, concentration, and attention
- Answers questions slowly or inaccurately
- Demonstrates behavior or personality changes
- Is unable to recall events prior to or after the hit or fall

Symptoms of Concussion (Reported by Student-Athlete)

- | | |
|--------------------------------------|--|
| • Headache | • Sensitivity to light/sound |
| • Nausea/vomiting | • Feeling of sluggishness or foggiess |
| • Balance problems or dizziness | • Difficulty with concentration, short term memory, and/or confusion |
| • Double vision or changes in vision | |

What Should a Student-Athlete do if they think they have a concussion?

- **Don't hide it.** Tell your Athletic Trainer, Coach, School Nurse, or Parent/Guardian.
- **Report it.** Don't return to competition or practice with symptoms of a concussion or head injury. The sooner you report it, the sooner you may return-to-play.
- **Take time to recover.** If you have a concussion your brain needs time to heal. While your brain is healing you are much more likely to sustain a second concussion. Repeat concussions can cause permanent brain injury.

What can happen if a student-athlete continues to play with a concussion or returns to play too soon?

- Continuing to play with the signs and symptoms of a concussion leaves the student-athlete vulnerable to second impact syndrome.
- Second impact syndrome is when a student-athlete sustains a second concussion while still having symptoms from a previous concussion or head injury.
- Second impact syndrome can lead to severe impairment and even death in extreme cases.

Should there be any temporary academic accommodations made for Student-Athletes who have suffered a concussion?

- To recover cognitive rest is just as important as physical rest. Reading, texting, testing-even watching movies can slow down a student-athletes recovery.
- Stay home from school with minimal mental and social stimulation until all symptoms have resolved.
- Students may need to take rest breaks, spend fewer hours at school, be given extra time to complete assignments, as well as being offered other instructional strategies and classroom accommodations.

Student-Athletes who have sustained a concussion should complete a graduated return-to-play before they may resume competition or practice, according to the following protocol:

- **Step 1:** Completion of a full day of normal cognitive activities (school day, studying for tests, watching practice, interacting with peers) without reemergence of any signs or symptoms. If no return of symptoms, next day advance.
- **Step 2:** Light Aerobic exercise, which includes walking, swimming, and stationary cycling, keeping the intensity below 70% maximum heart rate. No resistance training. The objective of this step is increased heart rate.
- **Step 3:** Sport-specific exercise including skating, and/or running; no head impact activities. The objective of this step is to add movement.
- **Step 4:** Non contact training drills (e.g. passing drills). Student-athlete may initiate resistance training.
- **Step 5:** Following medical clearance (consultation between school health care personnel and student-athlete's physician), participation in normal training activities. The objective of this step is to restore confidence and assess functional skills by coaching and medical staff.
- **Step 6:** Return to play involving normal exertion or game activity.

For further information on Sports-Related Concussions and other Head Injuries, please visit:

www.cdc.gov/concussion/sports/index.html

www.nfhs.com

www.ncaa.org/health-safety

www.bianj.org

www.atsnj.org

Signature of Student-Athlete

Print Student-Athlete's Name

Date

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date

(This asthma action plan meets NJ Law N.J.S.A. 18A:40-12.8) **(Physician's Orders)**

**The Pediatric/Adult
Asthma Coalition
of New Jersey**
"Your Pathway to Asthma Control"
PACNJ approved Plan available at
www.pacnj.org

Sponsored by
**AMERICAN
LUNG
ASSOCIATION**
IN NEW JERSEY



Name		Date of Birth		Effective Date	
Doctor		Parent/Guardian (if applicable)		Emergency Contact	
Phone		Phone		Phone	

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work, exercise, and play

And/or Peak flow above _____

If exercise triggers your asthma, take _____ puff(s) _____ minutes before exercise.

MEDICINE	HOW MUCH to take and HOW OFTEN to take it
<input type="checkbox"/> Advair® HFA <input type="checkbox"/> 45, <input type="checkbox"/> 115, <input type="checkbox"/> 230 _____	2 puffs twice a day
<input type="checkbox"/> Aerospa™ _____	<input type="checkbox"/> 1, <input type="checkbox"/> 2 puffs twice a day
<input type="checkbox"/> Alvesco® <input type="checkbox"/> 80, <input type="checkbox"/> 160 _____	<input type="checkbox"/> 1, <input type="checkbox"/> 2 puffs twice a day
<input type="checkbox"/> Dulera® <input type="checkbox"/> 100, <input type="checkbox"/> 200 _____	2 puffs twice a day
<input type="checkbox"/> Flovent® <input type="checkbox"/> 44, <input type="checkbox"/> 110, <input type="checkbox"/> 220 _____	2 puffs twice a day
<input type="checkbox"/> Qvar® <input type="checkbox"/> 40, <input type="checkbox"/> 80 _____	<input type="checkbox"/> 1, <input type="checkbox"/> 2 puffs twice a day
<input type="checkbox"/> Symbicort® <input type="checkbox"/> 80, <input type="checkbox"/> 160 _____	<input type="checkbox"/> 1, <input type="checkbox"/> 2 puffs twice a day
<input type="checkbox"/> Advair Diskus® <input type="checkbox"/> 100, <input type="checkbox"/> 250, <input type="checkbox"/> 500 _____	1 inhalation twice a day
<input type="checkbox"/> Asmanex® Twisthaler® <input type="checkbox"/> 110, <input type="checkbox"/> 220 _____	<input type="checkbox"/> 1, <input type="checkbox"/> 2 inhalations <input type="checkbox"/> once or <input type="checkbox"/> twice a day
<input type="checkbox"/> Flovent® Diskus® <input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> 250 _____	1 inhalation twice a day
<input type="checkbox"/> Pulmicort Flexhaler® <input type="checkbox"/> 90, <input type="checkbox"/> 180 _____	<input type="checkbox"/> 1, <input type="checkbox"/> 2 inhalations <input type="checkbox"/> once or <input type="checkbox"/> twice a day
<input type="checkbox"/> Pulmicort Respules® (Budesonide) <input type="checkbox"/> 0.25, <input type="checkbox"/> 0.5, <input type="checkbox"/> 1.0 _____	1 unit nebulized <input type="checkbox"/> once or <input type="checkbox"/> twice a day
<input type="checkbox"/> Singulair® (Montelukast) <input type="checkbox"/> 4, <input type="checkbox"/> 5, <input type="checkbox"/> 10 mg _____	1 tablet daily
<input type="checkbox"/> Other _____	
<input type="checkbox"/> None _____	

Remember to rinse your mouth after taking inhaled medicine.

Check all items that trigger patient's asthma:

- ☐ Colds/flu
- ☐ Exercise
- ☐ Allergens
 - ☐ Dust Mites, dust, stuffed animals, carpet
 - ☐ Pollen - trees, grass, weeds
 - ☐ Mold
 - ☐ Pets - animal dander
 - ☐ Pests - rodents, cockroaches
- ☐ Odors (Irritants)
 - ☐ Cigarette smoke & second hand smoke
 - ☐ Perfumes, cleaning products, scented products
 - ☐ Smoke from burning wood, inside or outside
- ☐ Weather
 - ☐ Sudden temperature change
 - ☐ Extreme weather - hot and cold
 - ☐ Ozone alert days
- ☐ Foods:
 - ☐ _____
 - ☐ _____
 - ☐ _____
- ☐ Other: _____

This asthma treatment plan is meant to assist, not replace, the clinical decision-making required to meet individual patient needs.

- Cough
- Mild wheeze
- Tight chest
- Coughing at night
- Other: _____

If quick-relief medicine does not help within 15-20 minutes or has been used more than 2 times and symptoms persist, call your doctor or go to the emergency room.

And/or Peak flow from _____ to _____

MEDICINE	HOW MUCH to take and HOW OFTEN to take it
<input type="checkbox"/> Albuterol MDI (Pro-air® or Proventil® or Ventolin®)	2 puffs every 4 hours as needed
<input type="checkbox"/> Xopenex®	2 puffs every 4 hours as needed
<input type="checkbox"/> Albuterol <input type="checkbox"/> 1.25, <input type="checkbox"/> 2.5 mg	1 unit nebulized every 4 hours as needed
<input type="checkbox"/> Duoneb®	1 unit nebulized every 4 hours as needed
<input type="checkbox"/> Xopenex® (Levalbuterol) <input type="checkbox"/> 0.31, <input type="checkbox"/> 0.63, <input type="checkbox"/> 1.25 mg	1 unit nebulized every 4 hours as needed
<input type="checkbox"/> Combivent Respimat®	1 inhalation 4 times a day
<input type="checkbox"/> Increase the dose of, or add:	
<input type="checkbox"/> Other	
<p>• If quick-relief medicine is needed more than 2 times a week, except before exercise, then call your doctor.</p>	

- Quick-relief medicine did not help within 15-20 minutes
- Breathing is hard or fast
- Nose opens wide • Ribs show
- Trouble walking and talking
- Lips blue • Fingernails blue
- Other: _____

And/or
Peak flow
below

MEDICINE	HOW MUCH to take and HOW OFTEN to take it
<input type="checkbox"/> Albuterol MDI (Pro-air® or Proventil® or Ventolin®)	4 puffs every 20 minutes
<input type="checkbox"/> Xopenex®	4 puffs every 20 minutes
<input type="checkbox"/> Albuterol <input type="checkbox"/> 1.25, <input type="checkbox"/> 2.5 mg	1 unit nebulized every 20 minutes
<input type="checkbox"/> Duoneb®	1 unit nebulized every 20 minutes
<input type="checkbox"/> Xopenex® (Levalbuterol) <input type="checkbox"/> 0.31, <input type="checkbox"/> 0.63, <input type="checkbox"/> 1.25 mg	1 unit nebulized every 20 minutes
<input type="checkbox"/> Combivent Respimat®	1 inhalation 4 times a day
<input type="checkbox"/> Other	

PHYSICIAN/APN/PA SIGNATURE _____ DATE _____

Physician's Orders

PARENT/GUARDIAN SIGNATURE _____

PHYSICIAN STAMP

Permission to Self-administer Medication:

- ☐ This student is capable and has been instructed in the proper method of self-administering of the non-nebulized inhaled medications named above in accordance with NJ Law.
- ☐ This student is not approved to self-medicate.

Make a copy for parent and for physician file, send original to school nurse or child care provider.

Disadvantaged women are less likely to have a physician. The gap between the poor and the non-poor is largest for women aged 18-24, who are most likely to be in the childbearing years. The gap is also largest for women with a high school education or less, who are more likely to be in the childbearing years. The gap is also largest for women who are non-white, who are more likely to be in the childbearing years. The gap is also largest for women who are unmarried, who are more likely to be in the childbearing years. The gap is also largest for women who are in the lowest income quartile, who are more likely to be in the childbearing years. The gap is also largest for women who are in the lowest education quartile, who are more likely to be in the childbearing years. The gap is also largest for women who are in the lowest race quartile, who are more likely to be in the childbearing years. The gap is also largest for women who are in the lowest marital status quartile, who are more likely to be in the childbearing years. The gap is also largest for women who are in the lowest income quartile, who are more likely to be in the childbearing years. The gap is also largest for women who are in the lowest education quartile, who are more likely to be in the childbearing years. The gap is also largest for women who are in the lowest race quartile, who are more likely to be in the childbearing years. The gap is also largest for women who are in the lowest marital status quartile, who are more likely to be in the childbearing years.

REVISÉD AUGUST 2014

REVISÉD AUGUST 2014
Permission to reproduce blank form • www.pacni.org

Asthma Treatment Plan – Student Parent Instructions

The **PACNJ Asthma Treatment Plan** is designed to help everyone understand the steps necessary for the individual student to achieve the goal of controlled asthma.



1. Parents/Guardians: Before taking this form to your Health Care Provider, complete the top left section with:

- Child's name
- Child's doctor's name & phone number
- Parent/Guardian's name & phone number
- Child's date of birth
- An Emergency Contact person's name & phone number

2. Your Health Care Provider will complete the following areas:

- The effective date of this plan
- The medicine information for the Healthy, Caution and Emergency sections
- Your Health Care Provider will check the box next to the medication and check how much and how often to take it
- Your Health Care Provider may check **"OTHER"** and:
 - ❖ Write in asthma medications not listed on the form
 - ❖ Write in additional medications that will control your asthma
 - ❖ Write in generic medications in place of the name brand on the form
- Together you and your Health Care Provider will decide what asthma treatment is best for your child to follow

3. Parents/Guardians & Health Care Providers together will discuss and then complete the following areas:

- Child's peak flow range in the Healthy, Caution and Emergency sections on the left side of the form
- Child's asthma triggers on the right side of the form
- Permission to Self-administer Medication section at the bottom of the form: Discuss your child's ability to self-administer the inhaled medications, check the appropriate box, and then both you and your Health Care Provider must sign and date the form

4. Parents/Guardians: After completing the form with your Health Care Provider:

- Make copies of the Asthma Treatment Plan and give the signed original to your child's school nurse or child care provider
- Keep a copy easily available at home to help manage your child's asthma
- Give copies of the Asthma Treatment Plan to everyone who provides care for your child, for example: babysitters, before/after school program staff, coaches, scout leaders

PARENT AUTHORIZATION

I hereby give permission for my child to receive medication at school as prescribed in the Asthma Treatment Plan. Medication must be provided in its original prescription container properly labeled by a pharmacist or physician. I also give permission for the release and exchange of information between the school nurse and my child's health care provider concerning my child's health and medications. In addition, I understand that this information will be shared with school staff on a need to know basis.

Parent/Guardian Signature

Phone

Date

FILL OUT THE SECTION BELOW ONLY IF YOUR HEALTH CARE PROVIDER CHECKED PERMISSION FOR YOUR CHILD TO SELF-ADMINISTER ASTHMA MEDICATION ON THE FRONT OF THIS FORM.

RECOMMENDATIONS ARE EFFECTIVE FOR ONE (1) SCHOOL YEAR ONLY AND MUST BE RENEWED ANNUALLY

☐ I do request that my child be **ALLOWED** to carry the following medication _____ for self-administration in school pursuant to N.J.A.C.:6A:16-2.3. I give permission for my child to self-administer medication, as prescribed in this Asthma Treatment Plan for the current school year as I consider him/her to be responsible and capable of transporting, storing and self-administration of the medication. Medication must be kept in its original prescription container. I understand that the school district, agents and its employees shall incur no liability as a result of any condition or injury arising from the self-administration by the student of the medication prescribed on this form. I indemnify and hold harmless the School District, its agents and employees against any claims arising out of self-administration or lack of administration of this medication by the student.

☐ I **DO NOT** request that my child self-administer his/her asthma medication.

Parent/Guardian Signature

Phone

Date



"Your Pathway to Asthma Control"
PACNJ approved Plan available at
www.pacnj.org

Disclaimer: The use of this Website/PACNJ Asthma Treatment Plan and its content is at your own risk. The content is provided on an "as is" basis. The American Lung Association of the Mid-Atlantic (ALAM-A), the Pediatric/Adult Asthma Coalition of New Jersey and all affiliates disclaim all warranties, express or implied, statutory or otherwise, including but not limited to the implied warranties of merchantability, non-infringement of third parties' rights, and fitness for a particular purpose. ALAM-A makes no representations or warranties about the accuracy, reliability, completeness, currency or timeliness of the content. ALAM-A makes no warranty, representation or guaranty that the information will be uninterrupted or error free or that any defects can be corrected. In no event shall ALAM-A be liable for any damages (including, without limitation, incidental and consequential damages, personal injury or wrongful death, lost profits or damages resulting from data or business interruption) resulting from the use or inability to use the content of this Asthma Treatment Plan whether based on warranty, contract, tort or any other legal theory and whether or not ALAM-A is advised of the possibility of such damages. ALAM-A and its affiliates are not liable for any claim, whatsoever, caused by your use or misuse of the Asthma Treatment Plan, nor of this website.

The Pediatric/Adult Asthma Coalition of New Jersey sponsored by the American Lung Association in New Jersey. This publication was supported by a grant from the New Jersey Department of Health and Senior Services, with funds provided by the U.S. Centers for Disease Control and Prevention under Cooperative Agreement 5U55EH000491. Its content is solely the responsibility of the authors and does not necessarily represent the official views of the New Jersey Department of Health and Senior Services or the U.S. Centers for Disease Control and Prevention. Although this document has been funded wholly or in part by the United States Environmental Protection Agency under Agreement XA9529550-2 to the American Lung Association in New Jersey, it has not gone through the Agency's publication review process and therefore, may not necessarily reflect the views of the Agency and no official endorsement should be inferred. Information in this publication is not intended to diagnose health problems or take the place of medical advice. For asthma or any medical condition, seek medical advice from your child's or your health care professional.

Sponsored by



Millville Public Schools - Allergy Action Plan

Student's Name: _____ D.O.B: _____ Teacher/Homeroom: _____

ALLERGY TO: _____

Asthmatic: Yes * No Higher risk for severe reaction

STEP 1 : PREVENTION

Avoid contact with: _____ ingestion _____ inhaled _____ skin contact _____ other: _____

The following foods may be substituted: _____

Preferential seating in the cafeteria, No Yes Describe: _____

Preferential seating on the school bus, No Yes Describe: _____

STEP 2: TREATMENT

Symptoms:

Contact with allergen but *no symptoms*:

Mouth	Itching, tingling, or swelling of lips, tongue, mouth
Skin	Hives, itchy rash, swelling of the face or extremities
Gut	Nausea, abdominal cramps, vomiting, diarrhea
Throat	Tightening of throat, hoarseness, hacking cough
Lung	Shortness of breath, repetitive coughing, wheezing
Heart	Thready pulse, low blood pressure, fainting, pale, blueness
Other	_____

If reaction is progressing (several of the above areas affected), give:

Give Checked Medication:

(To be determined by healthcare provider authorizing treatment)

Epinephrine	<input type="checkbox"/>	Antihistamine
Epinephrine	<input type="checkbox"/>	Antihistamine
Epinephrine	<input type="checkbox"/>	Antihistamine
Epinephrine	<input type="checkbox"/>	Antihistamine
Epinephrine	<input type="checkbox"/>	Antihistamine
Epinephrine	<input type="checkbox"/>	Antihistamine
Epinephrine	<input type="checkbox"/>	Antihistamine
Epinephrine	<input type="checkbox"/>	Antihistamine

Dosage:

Epinephrine: inject intramuscularly (circle one): EpiPen® EpiPen®Jr. Twinject™ 0.15 mg

Antihistamine: give: _____
(medication/dose/route)

Other: _____
(medication/dose/route)

To be completed by the ordering physician:

- ☐ This student is capable and has been instructed in the proper method of self-administering the medications named above.
☐ This student is **not** approved to self-medicate.

Doctor's Signature: _____ Date: _____

STEP 3: EMERGENCY CALLS

1. Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Dr. _____ at _____
3. Emergency contacts: To be completed by parent/guardian.

Name/Relationship	Phone number(s)
a. _____	1. _____ 2. _____
b. _____	1. _____ 2. _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, MEDICATE AND TRANSPORT STUDENT TO A MEDICAL FACILITY

I have read and understand the Allergy Action Plan created for my child. I understand that it will be shared verbally and/or in writing with school personnel involved with my child. We acknowledge that the Millville Public Schools and its employees and agents shall incur no liability as a result of any injury arising from self-administration of medication by the student. We agree to indemnify and hold harmless the school district and its employees and agents against any claims arising from self-administration of life-saving medication by the student.

Parent/Guardian Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

ATTENTION PARENT/GUARDIAN: The preparticipation physical examination (page 3) must be completed by a health care provider who has completed the Student-Athlete Cardiac Assessment Professional Development Module.

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep a copy of this form in the chart.)

Date of Exam _____
Name _____ Date of birth _____
Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.
☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS		Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			
3. Have you ever spent the night in the hospital?			
4. Have you ever had surgery?			
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			
7. Does your heart ever race or skip beats (irregular beats) during exercise?			
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			
10. Do you get lightheaded or feel more short of breath than expected during exercise?			
11. Have you ever had an unexplained seizure?			
12. Do you get more tired or short of breath more quickly than your friends during exercise?			
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			
BONE AND JOINT QUESTIONS		Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			
18. Have you ever had any broken or fractured bones or dislocated joints?			
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			
20. Have you ever had a stress fracture?			
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			
22. Do you regularly use a brace, orthotics, or other assistive device?			
23. Do you have a bone, muscle, or joint injury that bothers you?			
24. Do any of your joints become painful, swollen, feel warm, or look red?			
25. Do you have any history of juvenile arthritis or connective tissue disease?			

MEDICAL QUESTIONS		Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?			
27. Have you ever used an inhaler or taken asthma medicine?			
28. Is there anyone in your family who has asthma?			
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?			
30. Do you have groin pain or a painful bulge or hernia in the groin area?			
31. Have you had infectious mononucleosis (mono) within the last month?			
32. Do you have any rashes, pressure sores, or other skin problems?			
33. Have you had a herpes or MRSA skin infection?			
34. Have you ever had a head injury or concussion?			
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?			
36. Do you have a history of seizure disorder?			
37. Do you have headaches with exercise?			
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?			
39. Have you ever been unable to move your arms or legs after being hit or falling?			
40. Have you ever become ill while exercising in the heat?			
41. Do you get frequent muscle cramps when exercising?			
42. Do you or someone in your family have sickle cell trait or disease?			
43. Have you had any problems with your eyes or vision?			
44. Have you had any eye injuries?			
45. Do you wear glasses or contact lenses?			
46. Do you wear protective eyewear, such as goggles or a face shield?			
47. Do you worry about your weight?			
48. Are you trying to or has anyone recommended that you gain or lose weight?			
49. Are you on a special diet or do you avoid certain types of foods?			
50. Have you ever had an eating disorder?			
51. Do you have any concerns that you would like to discuss with a doctor?			
FEMALES ONLY			
52. Have you ever had a menstrual period?			
53. How old were you when you had your first menstrual period?			
54. How many periods have you had in the last 12 months?			

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.

HE0503

New Jersey Department of Education 2014; Pursuant to P.L.2013, c.71

9-2681/0410

■ PREPARTICIPATION PHYSICAL EVALUATION **THE ATHLETE WITH SPECIAL NEEDS:** **SUPPLEMENTAL HISTORY FORM**

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

NOTE: The preparticipation physical examination must be conducted by a health care provider who 1) is a licensed physician, advanced practitioner nurse, or physician assistant; and 2) completed the Student-Athlete Cardiac Assessment Professional Development Module.

■ PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP	/	(/)	Pulse
Vision R 20/		L 20/	
Corrected <input type="checkbox"/> Y <input type="checkbox"/> N			
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance <ul style="list-style-type: none"> • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) 			
Eyes/ears/nose/throat <ul style="list-style-type: none"> • Pupils equal • Hearing 			
Lymph nodes			
Heart* <ul style="list-style-type: none"> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI) 			
Pulses <ul style="list-style-type: none"> • Simultaneous femoral and radial pulses 			
Lungs			
Abdomen			
Genitourinary (males only) ^b			
Skin <ul style="list-style-type: none"> • HSV, lesions suggestive of MRSA, tinea corporis 			
Neurologic ^c			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional <ul style="list-style-type: none"> • Duck-walk, single leg hop 			

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- ☐ Cleared for all sports without restriction
- ☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

- ☐ Not cleared
- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician, APN, PA _____

■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _____ Sex ☐ M ☐ F Age _____ Date of birth _____

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

☐ Not cleared

☐ Pending further evaluation

☐ For any sports

☐ For certain sports _____

Reason _____

Recommendations _____

EMERGENCY INFORMATION

Allergies _____

Other information _____

HCP OFFICE STAMP

--

SCHOOL PHYSICIAN:

Reviewed on _____ (Date)
Approved _____ Not Approved _____
Signature: _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) _____ Date _____

Address _____ Phone _____

Signature of physician, APN, PA _____

Completed Cardiac Assessment Professional Development Module

Date _____ Signature _____